Iatrogenic silent right atrial dissection and rupture

Nurcan Arat MD, Hakan Altay MD, Hakan Ulupinar MD, Kubilay Senen MD, Irfan Sabah MD

Right atrial dissection and rupture, an unusual complication resulting from cardiac catheterization, occurred in a 54-year-old woman with an atrial septal defect illustrated in the present document by transesophageal echocardiography. The patient was admitted to the Türkiye Yüksek İhtisas Hospital (Ankara, Turkey) for evaluation of the interatrial septum for transcatheter device closure. She had undergone cardiac catheterization and coronary angiography two months before presentation. She had been complaining of well-tolerated exertional dyspnea for three years. After the cardiac catheterization, she had no further complaints. A blood test revealed a red blood cell count of

$11.9 \times 10^{12}/L$ and $11.0 \times 10^{12}/L$, and hematocrit of 38% and 37% before and after the cardiac catheterization, respectively.

Transthoracic echocardiography showed minimal pericardial effusion localized in the posterior region of the right atrium. Transesophageal echocardiography detected the dissection at the right atrial wall and rupture which was closed by the partially organized thrombus. The patient underwent surgery for repair of the atrial septal defect and atrial rupture.

Transesophageal echocardiography should be encouraged for the evaluation of pericardial effusion, which sometimes appears after cardiac catheterization.

Figure 1) Dissection seen in the right atrial wall (arrow) and thrombus with pericardial fluid (arrowheads) demonstrated in a transesophageal bicaval view

Figure 2) The rupture of the right atrial wall occluded by thrombus (arrow) demonstrated here by transesophageal echocardiography

Department of Cardiology, Türkiye Yüksek İhtisas Hospital, Ankara, Turkey

Correspondence: Dr Nurcan Arat, 9.Cd 110.Sk 2/B-33 Birlik Mh 06610, Ankara, Turkey. Telephone 90-312-496-3030,

e-mail nurcanarat@superonline.com

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